

# 2018 Health, Vision and Dental Premiums for Retirees

<b>\$\$\$Cigna OAP Co-Pay Plan (Plan Closed to New Entrants)</b>	<b>Total Monthly Premium Cost (w/out Subsidy)</b>
Individual	\$871.33
Individual with Medicare	\$600.99
2 Individuals	\$1,699.11
2 Individuals - 1 w/Medicare; 1 w/o	\$1,464.56
2 Individuals with Medicare	\$1,188.26
Family	\$2,535.37
Family - 1 Medicare	\$2,388.32
Family - 2 Medicare	\$2,225.96
Family - 3 Medicare	\$2063.61
<b>Cigna OAP 90% Coinsurance Plan</b>	
Individual	\$715.02
Individual with Medicare	\$499.73
2 Individuals	\$1,405.27
2 Individuals - 1 w/Medicare; 1 w/o	\$1,215.58
2 Individuals with Medicare	\$999.48
Family	\$2,066.62
Family - 1 Medicare	\$1,928.50
Family - 2 Medicare	\$1,788.29
Family - 3 Medicare	\$1,648.09
<b>Cigna OAP 80% Coinsurance Plan</b>	
Individual	\$499.81
Individual with Medicare	\$345.91
2 Individuals	\$974.66
2 Individuals - 1 w/Medicare; 1 w/o	\$842.87
2 Individuals with Medicare	\$684.26
Family	\$1,454.47
Family - 1 Medicare	\$1,359.88
Family - 2 Medicare	\$1,252.19
Family - 3 Medicare	\$1,144.48
<b>Kaiser Permanente HMO</b>	
Individual	\$604.85
Individual with Medicare	\$308.10
2 Individuals	\$1,178.78
2 Individuals - 1 w/Medicare; 1 w/o	\$912.04
2 Individuals with Medicare	\$615.29
Family	\$1,753.61
Family - 1 Medicare	\$1,486.88
Family - 2 Medicare	\$1,220.14
Family - 3 Medicare	\$923.39
<b>Delta Dental PPO</b>	
Individual	\$41.46
2 Individuals	\$78.32
Family	\$129.08



To request this information in an alternate format, call 703-324-3311, TTY 711

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